REPORT OF OVERNIGHT MEDICAID OR MCO/MEDICAID PATIENTS ON LAST DAY OF THE MONTH

FROM:

Send To Attention Of:

DMAS Health Care Services				Hospital:		
Systems and Reporting Unit				Contact Person:		
Attention: Carolyn Peete				Telephone #		
Phone:804-786-3378			Fax #			
FAX: 804-786-5799)					
Fax this report on the first day of each month for Medicaid recipients who are hospitalized over night on the last day of the month.						
Patient Name	Admission Date	Discharge Date (if known)	Date of Birth	SSN#:	Medicaid I.D. #:	MCO (If Known)
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